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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

Second Semester

First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 45 Sanders 0802 Plains Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 1 1011 No Lamb, Brenda 5.30 1 1454 No BROWN, MELISSA 0.35 1 1455 No JONES, SUSAN M 1.55

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	INDIVIDUAL AND ISOLATED TRANSPORT

DATE		February 15 to State Superintendent			May 24 to State Superintendent					
COMI	PLETE T	HIS CL	AIM FO	R STATE REIME	BURSEMI	ENT FO	R INDIVIDUAL	AND ISOLAT	TED TRANSPOR	TATION:
This claim is for the period beginning				, 20	and ending		, 20			
				month	day			month	day	
CERT	CERTIFICATION:									
The information on this form is complete and accurate to the best of my knowledge.										
Date Signature, Chair, Board of Trustees										
County:	County: District:					District Level:				
45 Sanders 0803 Plains H S			S				High School			
District	Contract	Chanad		_	F	1!- N	_	_	Daily	# of Days
#	#	Shared			Fami	ly's Nam	e		Rate	Transported
1	2323	No	Fitzpatr	rick, Dean					1.50	

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